

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

PLACE OF BIRTH:

County Gila

State ARIZONA

Registered No. \_\_\_\_\_

Township \_\_\_\_\_

City \_\_\_\_\_

or Village \_\_\_\_\_

No. \_\_\_\_\_

Full name of child \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

TUCKER

Sex Female

If plural births \_\_\_\_\_

4. Twin, triplet, or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Legiti-

8. Date of birth

Oct. 14, 1889

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Full name

G. K. Tucker

FATHER

Full term \_\_\_\_\_

mate? \_\_\_\_\_

MOTHER

Residence (usual place of abode)

(If nonresident, give place and State) \_\_\_\_\_

18. Full maiden name \_\_\_\_\_

19. Residence (usual place of abode)

(If nonresident, give place and State) \_\_\_\_\_

Color or race \_\_\_\_\_

12. Age at last birthday \_\_\_\_\_

(years)

20. Color or race \_\_\_\_\_

21. Age at last birthday \_\_\_\_\_

(years)

Birthplace (city or place and State or country): \_\_\_\_\_

22. Birthplace (city or place and State or country): \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 193

17. Total time (years) spent in this work \_\_\_\_\_

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 193

26. Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother

(At time of this birth and including this child) \_\_\_\_\_

(a) Born alive and now living \_\_\_\_\_

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

If stillborn,

period of gestation \_\_\_\_\_

{ months or weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(Born alive or stillborn) \_\_\_\_\_ at \_\_\_\_\_

m. on the date above stated.

(Signed) \_\_\_\_\_

J. W. Largent

M. D.

or \_\_\_\_\_

Address \_\_\_\_\_

Midwife

Filed 10-23-89

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Registrar

FORM 6 10M 6-25-33 MS 48640

Registrar

039-1014-000